

DICKSON. (C.R.)

WITH THE COMPLIMENTS OF THE AUTHOR.

Explanatory Notes

ON DR. KEYES'

Investigation of Elec- trolysis.

By C. R. Dickson,

172 Johnson St., Kingston, (Ontario,)

presented by the author
CANADA.

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Experimental Notes

FOR THE MASTER

Investigation of the

Notes

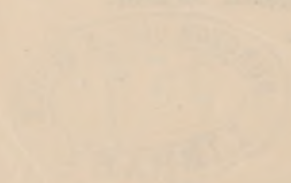
By C. R. Dickson

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THE HISTORY OF THE

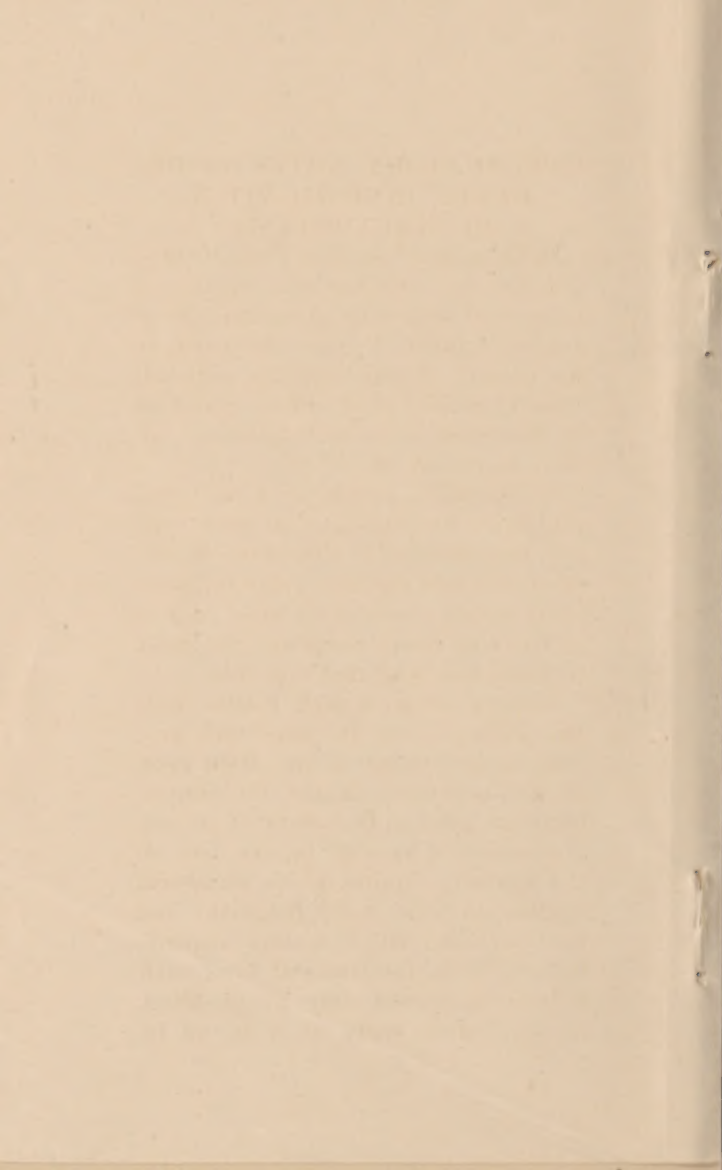
REIGN OF

CHARLES THE FIRST

IN WHICH ARE CONTAINED
THE MOST IMPORTANT
AND INTERESTING
CIRCUMSTANCES
OF HIS REIGN
FROM THE BEGINNING
OF HIS REIGN
UNTIL HIS DEATH
IN THE YEAR 1649

BY
JOHN RICHARDSON
OF THE MIDDLE TEMPLE
ESQ.
IN TWO VOLUMES
THE FIRST

LONDON
Printed by J. Sturges, at the
Sign of the Anchor, in St. Dun-
stons Church-yard, 1725



EXPLANATORY NOTES ON DR.
KEYES' INVESTIGATION
OF ELECTROTYSIS.

In the issue of the New York *Medical Journal* for October 6th, appears a paper read before the American Association of Genito-Urinary Surgeons, at its second annual meeting, entitled, "The Curability of Urethral Stricture by Electricity—An Investigation," by E. L. Keyes, M. D.

On the whole I must say I am glad the paper has appeared at this very opportune time as it will serve to demonstrate that electricity may fail even in the hands of one of the most skilled of Genito-Urinary Surgeons, for most certainly this is all that it proves.

When a few more such results shall have been given to the expectant profession, the fact will at last dawn upon us, that electricity is not the simple, harmless, panacea that many of its advocates would have us believe, but on the contrary, requires in its successful application rare tact, judgment and skill combined with a mature acquaintance with its fundamental laws such as is to be gained only by plodding, earnest, patient study of it in all its

forms, and by experiment, in which common sense and physiology have a hearing; for instance we should not expect the aorta of a dead calf placed between two pieces of beef with a hole punched through the mass, to play the role of an urethral stricture in the living man as was quite recently reported.

Having made this discovery—too late alas in many cases—the general practitioner as well as the specialist, be he Genital or Urinary, or both, or neither, will if wise do one of two things, either settle down to study, investigate and experiment, which will consume much time, or which is the better or at least safer method—let electricity severely alone and send suitable cases to be treated by those who already understand the subject and are known to be successful in their treatment of such cases.

To the student as yet unprejudiced belongs the golden opportunity, let him insist upon practical instruction on the subject by competent teachers and any labor he may expend on this most attractive branch of therapeutics and surgery, will be amply rewarded and he at least will appreciate and quite un-

derstand the difference between removal of adventitious material by sloughing and by absorption.

But I wish to call attention to the rather unfair use made of cases 8 and 9, the criticism of the remainder of the article I leave to others should they consider it worth their time.

While in New York recently on electrical business, my friend Dr. Robert Newman kindly permitted me to see Dr. Keyes' letter to him in reference to "Case 8, J. D." and copies of his replies all of which I read carefully and noted and now propose to give the gist of. Neither of us had seen the complete paper at that time but only a very meagre synopsis of it in the *Medical Record*.

On January 10th, of this year, Dr. Keyes writes that he is much interested by Dr. Newman's reports, expresses a desire to investigate, asks for information for his assistant, and as to where Dr. Newman's electrodes could be obtained. Later, Jan. 21st, he mentions the Malley-Tripier incident,—or more correctly accident—says he is incredulous, but "whatever the result may be I shall give it to the world without fear,

simply stating what I conclude after proper investigating;" states that he has instruments ready, and some dispensary cases. He proposes to send one case to Dr. Newman, having first examined, and will examine it again *after Dr. Newman pronounces it cured* if allowed. Then J. D. is sent with Dr. Keyes' assistant and Dr. Newman having stated that the case is not a favorable one on account of a previous surgical interference. Dr. Keyes writing on February 6th, "Don't let us go on with the D. case unless you are willing to abide by the result," and offers to look up another case, to which Dr. Newman replies on the 8th, "I do not understand what you mean by saying I should be willing to abide by the D. case. I am sure the D. case will come out all right if the man does what I tell him. But I attend the D. case for your pleasure and not as an investigation, on the other hand I can refer you to many physicians who have seen patients before electrolosis and examined years after the cure and found that no relapse had taken place." But that would be foreign to an *investigation*, so on Feb. 20th, Dr. Keyes repeated his question, "I asked

you (and still ask) whether you are willing to accept D. as a test case, etc." and on the same day Dr. Newman at once answers, "I expect that electrolysis will cure the stricture of D. even if the case was worse. But I cannot agree to have this one patient put up as a test case when I have hundreds to show and can verify the results—without relapse—by reliable physicians who have examined and re-examined these patients," Dr. Newman also expresses a readiness to call on Dr. Keyes and give proof of statistics.

A report having been asked for on June 26th, as Dr. Keyes is about to sail for Europe, Dr. Newman replies two days later, "I take pleasure to state the present state of D., whom you sent to me for treatment, for, as you expressed it, 'double linear stricture at $4\frac{1}{2}$ inches.' At the present time this stricture has entirely disappeared. Nevertheless the patient is not well nor cured. I found on examination when D. first came to me a second stricture at $5\frac{1}{2}$ inches from meatus as also contraction of the bladder which propelled the sound and sometimes caused such spasm that no instrument would pass beyond 6 inches.

There is much irritation and discharge of mucus, pus, and blood from the urethra. This second stricture is improved so that a No. 25 French will pass, but the ring constituting the stricture can be felt distinctly and is not cured at the present time. For the spasm of the bladder he has not received any treatment, and the galvanic current certainly will not cure spasmodic action of the bladder and urethra, I now propose to treat D. for the latter trouble during the hot season, taking time and report to you later in extenso."

But this would not suit the investigation either, so Dr. Keyes hastens to say on July 2nd, "Will you allow me to ask you not to give D. any further treatment, that I may have an opportunity to examine him again in the autumn in order to determine his ultimate condition." To this Dr. Newman naturally objects on July 18th, "I wish to call your attention again to my former letter of the 28th of June, in which I said that the case is not cured, and again, that I did not test the case with its complications, but only the strictures as desired. And further as I had not the patient under my sole control, even did

not know his residence or whereabouts, the result is not as favorable nor cured as I desire to see it. Please take such circumstances into consideration."

On Sept. 4th, Dr. Keyes writes that he has just returned and proposes to say all he knows about electrolysis in stricture at Washington Congress, and after examining D. will add that to the paper, and on the 13th continues, "I have examined D. and find reconstriction, his stricture being at $4\frac{1}{2}$ inches, I cannot find that any improvement has followed the use of electricity, and on close questioning, I learn that this strictured area never had been cut (as he allowed me to suppose) but that the cutting had been a meatomy. Under these circumstances I see no escape from reporting the case a failure," . . . "it seems to me to demonstrate that electricity has signally failed in removing organic stricture in this case."

The last communication is Dr. Newman's reply of Sept. 15th, "In your favor received yesterday you say that the D. case is a proof of failure of electrolysis and that you will report it as such, I certainly will and must protest against such an action as very unfair,

as I did already on my visit to you. I have very good reasons for my protest, among which is D. was not dismissed by me as cured, but on the contrary withdrawn by you and thereby any possibility of a cure prevented. I am so certain of the efficacy of electrolysis in urethral stricture that for public good I am ready to demonstrate the success at any time if such trial is conducted impartially and in good faith." This certainly seems fair enough and speaks for itself requiring no comment.

At the personal interview alluded to Dr. Newman tells me he also objected to "Case 9, E. S. E." being reported, as Dr. Keyes knew that the patient was badly treated by a physician in Brooklyn who used electricity in a wrong manner. Later E. came to Dr. Newman who refused to treat him. On the patient's asking for the direction of a reputable surgeon, if Dr. Newman did not wish to treat him, he was sent to Dr. Keyes. But Dr. Keyes plan cannot be interfered with, he cannot rewrite his paper he tells Dr. Newman, but may state verbally that he has seen him.

The chance to have a fling at electro-

lysis is too good a one to miss, and Dr. Newman's many friends at home and abroad must have the news brought back to them, that 'Apostle of the Creed' is an imposter that they themselves have been dreaming, their confidence "due either to the combined credulity of the patient and imagination of the surgeon, or to some special but fortuitous act of Providence upon which in the case of his own patients the general practitioner cannot with any confidence rely." And thus the benefactor of his deluded brethern recalls the foolish ones from the hypnotism under which the wicked Dr. Newman has laid them. And if they have not already done so they will at once read the article, recommended by Dr. Keyes, in the July and August numbers of the journal of his specialty, then will turn back to the editorial in the *New England Medical Monthly* for Dec. 1887, to remind them of how many like themselves thought all along, that they had been curing strictures when they really were quite mistaken. And our papers will be filled with recantations from Drs. J. H. Kellog of Battle Creek, T. H. Burchard of New York, J. J. Berry of Ports-

mouth, N. H., and a host of others, of course Dr. Newman is too hardened, no hope for him, he will doubtless remain an outcast from the realms of orthodox surgery of the urethra. But across the pond F. Siomford Edwards, F. R. C. S. E., London, will doubtless hasten to inform us that his communication in the *Medical Press and Circular* of April 11th was misleading, and all his favorable cases have relapsed since reporting.

And the foolhardy practitioner who asks for urethral electrodes, the instrument dealer will be without, and with a glance of scorn, refer to a museum, and offer an improved urethrotome on three monthstrial and easy payments, with a liberal discount for cash.

But joking aside, for stricture is no joke, why not have the demonstration offered by Dr. Newman? Its success or failure would do more than anything else—including *investigations*—to fix the status and scope of electricity in urethral troubles and save a good deal of valuable time and printer's ink, only taking care to first agree upon three points: (1) What constitutes a normal urethra? (2) What constitutes a stric-

ture? (3) What a cure?

It is not greatly to our credit as a progressive profession that while in the commercial world such advantage has been taken of the rapid strides of electricity as a science with fixed laws, so many of our number look upon it with discredit, call its advocates "cranks" or perchance try it, only to fail.

C. R. DICKSON, 172 Johnson St.,
Kingston, (Ontario,) Canada.

